Case 16-25238 Doc 1 Filed 08/05/16 Entered 08/05/16 13:38:24 Desc Main Document Page 1 of 65

| Fill in this information to identify your case: | |
|---|-------------------------------|
| United States Bankruptcy Court for the: | |
| NORTHERN DISTRICT OF ILLINOIS | |
| Case number (if known) | Chapter you are filing under: |
| | ☐ Chapter 7 |
| | ☐ Chapter 11 |
| | ☐ Chapter 12 |
| | ■ Chapter 13 |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Par | t 1: Identify Yourself | | |
|-----|--|--|---|
| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. | Your full name | | |
| | Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee. | Melissa First name A Middle name Greenberg Last name and Suffix (Sr., Jr., II, III) | First name Middle name Last name and Suffix (Sr., Jr., II, III) |
| 2. | All other names you have used in the last 8 years Include your married or maiden names. | Melissa A Gentile | |
| 3. | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN) | xxx-xx-8117 | |

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Case number (if known)

| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): | | | | |
|---|-------------------------|---|--|--|--|--|--|
| 4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and | | ■ I have not used any business name or EINs. Business name(s) | ☐ I have not used any business name or EINs. Business name(s) | | | | |
| | doing business as names | EINs | EINs | | | | |
| | | | | | | | |
| 5. | Where you live | 25136 Scott Drive Plainfield, IL 60544 | If Debtor 2 lives at a different address: | | | | |
| | | Number, Street, City, State & ZIP Code | Number, Street, City, State & ZIP Code | | | | |
| | | Will County | County | | | | |
| | | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. | | | | |
| | | Number, P.O. Box, Street, City, State & ZIP Code | Number, P.O. Box, Street, City, State & ZIP Code | | | | |
| 6. | Why you are choosing | Check one: | Check one: | | | | |
| | bankruptcy | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | | | | |
| | | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) | | | | |
| | | | | | | | |

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Document

Case number (if known) Debtor 1 Melissa A Greenberg

| ar | Tell the Court About | Your B | ankruptcy Ca | se | | | | | |
|-----|---|--|-----------------|-----------------------------------|---|---|-------------|--|--|
| 7. | The chapter of the Bankruptcy Code you are | Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box. □ Chapter 7 | | | | | | | |
| | choosing to file under | | | | | | | | |
| | | □с | hapter 11 | | | | | | |
| | | □с | hapter 12 | | | | | | |
| | | ■ C | hapter 13 | | | | | | |
| | | | | | | | | | |
| 3. | How you will pay the fee | | about how yo | u may pay. Туր attorney is sub | pically, if you are paying the fee | eck with the clerk's office in your local court for myourself, you may pay with cash, cashier's check half, your attorney may pay with a credit card or | k, or money | | |
| | | | | | tallments. If you choose this op ts (Official Form 103A). | tion, sign and attach the Application for Individua | als to Pay | | |
| | | | | | | on only if you are filing for Chapter 7. By law, a j | | | |
| | | | | | | your income is less than 150% of the official pove in installments). If you choose this option, you m | | | |
| | | | the Application | n to Have the | Chapter 7 Filing Fee Waived (Of | ficial Form 103B) and file it with your petition. | | | |
| | | | | | | | | | |
| 9. | Have you filed for bankruptcy within the | ■ No | | | | | | | |
| | last 8 years? | □ Ye | | | | | | | |
| | | | District | | When | Case number | | | |
| | | | District | | When | Case number | | | |
| | | | District | | When | Case number | | | |
| 10. | Are any bankruptcy | ■ No | n | | | | | | |
| | cases pending or being filed by a spouse who is | Y€ | | | | | | | |
| | not filing this case with you, or by a business partner, or by an affiliate? | | | | | | | | |
| | | | Debtor | | | Relationship to you | | | |
| | | | District | | When | Case number, if known | | | |
| | | | Debtor | | | Relationship to you | | | |
| | | | District | | When | Case number, if known | | | |
| | | | | | | | | | |
| 11. | Do you rent your residence? | ■ No. Go to line 12. | | | | | | | |
| | Tooluonioo ! | □Y€ | es. Has yo | ur landlord obta | ained an eviction judgment agair | nst you and do you want to stay in your residence | e? | | |
| | | | | No. Go to line | 12. | | | | |
| | | | | Yes. Fill out Inbankruptcy pe | | n Judgment Against You (Form 101A) and file it | with this | | |
| | | | | | | | | | |

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Case number (if known)

Document Debtor 1 Melissa A Greenberg

| art | Report About Any Bu | sinesses | You Own as a Sole Proprietor | | | | | |
|------|---|------------------------|---|--|--|--|--|--|
| 12. | Are you a sole proprietor of any full- or part-time business? | ■ No. | Go to Part 4. | | | | | |
| | | ☐ Yes. | Name and location of business | | | | | |
| | A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, | | Name of business, if any | | | | | |
| | partnership, or LLC. If you have more than one sole proprietorship, use a separate sheet and attach | | Number, Street, City, State & ZIP Code | | | | | |
| | it to this petition. | | Check the appropriate box to describe your business: | | | | | |
| | | | ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A)) | | | | | |
| | | | ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) | | | | | |
| | | | Stockbroker (as defined in 11 U.S.C. § 101(53A)) | | | | | |
| | | | ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6)) | | | | | |
| | | | □ None of the above | | | | | |
| 13. | Are you filing under Chapter 11 of the Bankruptcy Code and are you a <i>small business</i> debtor? | deadlines operation | e filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate is. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of is, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure .C. 1116(1)(B). | | | | | |
| | For a definition of small | ■ No. | I am not filing under Chapter 11. | | | | | |
| | business debtor, see 11 U.S.C. § 101(51D). | □ No. | I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code. | | | | | |
| | | ☐ Yes. | I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. | | | | | |
| Part | 4: Report if You Own or | Have Any | Hazardous Property or Any Property That Needs Immediate Attention | | | | | |
| 14. | Do you own or have any | ■ No. | | | | | | |
| | property that poses or is | | | | | | | |
| | alleged to pose a threat of imminent and identifiable hazard to | ☐ Yes. | What is the hazard? | | | | | |
| | public health or safety? | | | | | | | |
| | Or do you own any property that needs immediate attention? | | If immediate attention is needed, why is it needed? | | | | | |
| | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs? | | Where is the property? | | | | | |
| | - | | Number, Street, City, State & Zip Code | | | | | |

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Debtor 1 Melissa A Greenberg

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

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Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of: |

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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| Deb | tor 1 Melissa A Greenb | erg | Document | Page 0 01 05 | Case number (if k | nown) | | | |
|------|---|--|--|--|--|--|--|--|--|
| Part | 6: Answer These Quest | ions for Re | porting Purposes | | | | | | |
| 16. | What kind of debts do you have? | | Are your debts primarily consume ndividual primarily for a personal, | | | in 11 U.S.C. § 101(8) as "incurred by an | | | |
| | | 1 | ☐ No. Go to line 16b. | | | | | | |
| | | | Yes. Go to line 17. | | | | | | |
| | | | Are your debts primarily busined money for a business or investmen | | | | | | |
| | | I | ☐ No. Go to line 16c. | | | | | | |
| | | I | ☐ Yes. Go to line 17. | | | | | | |
| | | 16c. | State the type of debts you owe the | at are not consumer de | ebts or business de | ebts | | | |
| 17. | Are you filing under Chapter 7? | ■ No. | am not filing under Chapter 7. Go | to line 18. | | | | | |
| | Do you estimate that after any exempt property is excluded and | | am filing under Chapter 7. Do you are paid that funds will be available | | | is excluded and administrative expenses | | | |
| | administrative expenses | I | □ No | | | | | | |
| | are paid that funds will be available for distribution to unsecured creditors? | I | ☐ Yes | | | | | | |
| 18. | How many Creditors do | 1 -49 | | □ 1,000-5,000 | | □ 25,001-50,000 | | | |
| | you estimate that you owe? | ☐ 50-99 | | □ 5001-10,000 | | □ 50,001-100,000 | | | |
| | ower | □ 100-199 □ 200-999 | | 10,001-25,000 | | ☐ More than100,000 | | | |
| 19. | How much do you | □ \$0 - \$50,000 | | □ \$1,000,001 - \$10 i | million | □ \$500,000,001 - \$1 billion | | | |
| | estimate your assets to be worth? | □ \$50,00° | 1 - \$100,000 | □ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 million |) million | ☐ \$1,000,000,001 - \$10 billion | | | |
| | | | 01 - \$500,000 | | | ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion | | | |
| | | \$500,00 | 01 - \$1 million | ш \$100,000,001 - \$3 | Li More than \$50 billion | | | | |
| 20. | How much do you | □ \$0 - \$50 | 0,000 | □ \$1,000,001 - \$10 | million | ☐ \$500,000,001 - \$1 billion | | | |
| | estimate your liabilities to be? | _ | 1 - \$100,000 | □ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 million | | \$1,000,000,001 - \$10 billion | | | |
| | | | 01 - \$500,000 01 - \$1 million | | ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion | | | | |
| | | — \$500,00 |) i - \$1 million | — \$100,000,001 \$0 | | — more than too billion | | | |
| Part | 7: Sign Below | | | | | | | | |
| For | you | I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. | | | | | | | |
| | | | nosen to file under Chapter 7, I am tes Code. I understand the relief a | | | er Chapter 7, 11,12, or 13 of title 11, e to proceed under Chapter 7. | | | |
| | | | ey represents me and I did not pa I have obtained and read the notion | | | attorney to help me fill out this | | | |
| | | I request re | elief in accordance with the chapte | er of title 11, United Sta | ites Code, specified | d in this petition. | | | |
| | | bankruptcy and 3571. | case can result in fines up to \$25 | | | operty by fraud in connection with a s, or both. 18 U.S.C. §§ 152, 1341, 1519, | | | |
| | | | sa A Greenberg A Greenberg | Sign | ature of Debtor 2 | | | | |
| | | Signature | | · · | | | | | |
| | | Executed of | on August 5, 2016 | Exec | cuted on | | | | |
| | | | MM / DD / YYYY | | MM / DI | D/YYYY | | | |

Melissa A Greenberg

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8/05/16 1:36PM

For your attorney, if you are represented by one

Debtor 1

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ John C. Renzi - | Date | August 5, 2016 | |
|--|----------------|----------------|--|
| Signature of Attorney for Debtor | | MM / DD / YYYY | |
| John C. Renzi - | | | |
| Printed name | | | |
| JUNE, PRODEHL, RENZI & LYNCH, LI | LC - #03124627 | | |
| Firm name | | | |
| 1861 Black Road | | | |
| Joliet, IL 60435 | | | |
| Number, Street, City, State & ZIP Code | | | |
| Contact phone (815) 725-8000 | Email address | | |
| #03124627 | | | |
| Bar number & State | | | |

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Fill in this information to identify your case:

Debtor 1

Melissa A Greenberg
First Name
Middle Name
Last Name

Debtor 2

(Spouse if, filing)
First Name
Middle Name
Last Name

United States Bankruptcy Court for the:

NORTHERN DISTRICT OF ILLINOIS

Case number
(if known)

Check if this is an amended filling

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

| | | Your a | assets |
|-----|--|-------------|--------------------------|
| | | Value | of what you own |
| 1. | Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | \$ | 298,000.00 |
| | 1b. Copy line 62, Total personal property, from Schedule A/B | \$ | 234,617.00 |
| | 1c. Copy line 63, Total of all property on Schedule A/B | \$ | 532,617.00 |
| Par | t 2: Summarize Your Liabilities | | |
| | | | iabilities nt you owe |
| 2. | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$ | 324,545.42 |
| 3. | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$ | 40,834.00 |
| | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | \$ | 36,943.00 |
| | Your total liabilities | \$ | 402,322.42 |
| Par | t 3: Summarize Your Income and Expenses | | |
| 4. | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | \$ | 7,493.51 |
| 5. | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J | \$ | 6,763.00 |
| Par | t 4: Answer These Questions for Administrative and Statistical Records | | |
| 6. | Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you | ur other so | hedules. |
| | ■ Yes | | |

- Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Debtor 1 Melissa A Greenberg Document Page 9 of 65
Case number (if known)

8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

O. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| From Part 4 on Schedule E/F, copy the following: | Total clair | n |
|--|-------------|-----------|
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 18,200.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 22,634.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 40,834.00 |

| | Ca | ıse 16-2523 | B Doc 1 | _ | 08/05/16 ument | Entered 08/05/1 | .6 13:38:24 | Desc | Main | 8/05/16 1:36PM |
|--------------------|---|---|-----------------------------|-------------|--|---|--|--------------|-------------------------------------|----------------------------|
| Fill | in this infor | nation to identify | your case and tl | | | | | | | |
| Deb | otor 1 | Melissa A G | | e Name | | Last Name | | | | |
| | otor 2 buse, if filing) | First Name | Middl | e Name | | Last Name | | | | |
| Unit | ted States Ba | nkruptcy Court for | the: NORTHER | RN DISTI | RICT OF ILLIN | IOIS | | | | |
| Cas | se number _ | | | | | - | | | 0 | if this is an ed filing |
| SC n ea hink | chedul ch category, s c it fits best. B | e as complete and a e space is needed, | roperty escribe items. List | le. If two | married people | n asset fits in more than one are filing together, both are e top of any additional pages | equally responsible | le for supp | lying correc | ct |
| Part | 1: Describe | Each Residence, B | uilding, Land, or O | ther Real | Estate You Ow | n or Have an Interest In | | | | |
| | I No. Go to Par I Yes. Where i | | | | | | | | | |
| 1.1 | 25126 Sco | off Dr | | What | | ? Check all that apply | | | | |
| | | if available, or other des | cription | | Single-family h Duplex or mult Condominium | i-unit building | Do not deduct see the amount of any Creditors Who Ha | y secured cl | aims on <i>Ścl</i> | hedule D: |
| | Plainfield City | IL State | 60544-0000 ZIP Code | | Manufactured Land Investment pro | or mobile home | Current value of entire property? | F | Current valu portion you \$20 | |
| | Oity | State | Zii Odde | | Timeshare Other | рену | Describe the nat | ture of you | r ownership | p interest |
| | | | | Who | has an interest Debtor 1 only | in the property? Check one | a life estate), if k | | by by the ch | monos, or |
| | Will County | | | □ □ □ Other | | Debtor 2 only the debtors and another by wish to add about this ite | Check if this (see instruction | | ınity prope | rty |
| | | | | | erty identification | | , 30011 03 10001 | | | |

Official Form 106A/B Schedule A/B: Property page 1

Mortgage and Note with \$41,788 [est.] to reinstate

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Case number (if known) Document Debtor 1 Melissa A Greenberg If you own or have more than one, list here: 1.2 What is the property? Check all that apply Starwood Resorts ☐ Single-family home Do not deduct secured claims or exemptions. Put The Western Ka'anapali Ocean Resort the amount of any secured claims on Schedule D: Duplex or multi-unit building 6 Kai Ala Drive Creditors Who Have Claims Secured by Property. Condominium or cooperative Street address, if available, or other description Manufactured or mobile home Current value of the Current value of the HI Lahaina 96761-0000 ☐ Land entire property? portion you own? City \$3,000.00 \$3,000.00 State ZIP Code Investment property Timeshare Describe the nature of your ownership interest timeshare Other (such as fee simple, tenancy by the entireties, or a life estate), if known. Who has an interest in the property? Check one Equitable interest Debtor 1 only Maui ☐ Debtor 2 only County ☐ Debtor 1 and Debtor 2 only Check if this is community property At least one of the debtors and another (see instructions) Other information you wish to add about this item, such as local property identification number: Time share - in arrears as to monthly maintence fees (NOTE: 1/12 SCHEDULED AS YEARLY FEE IS \$1500.00) Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for \$298,000,00 pages you have attached for Part 1. Write that number here..... Part 2: Describe Your Vehicles Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that ☐ No Yes Do not deduct secured claims or exemptions. Put Hyundai Who has an interest in the property? Check one 3 1 Make: the amount of any secured claims on Schedule D: Santa Fe Creditors Who Have Claims Secured by Property. Model: Debtor 1 only 2016 Debtor 2 only Year: Current value of the Current value of the

someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

20000 Approximate mileage: entire property? Debtor 1 and Debtor 2 only portion you own? Other information: ☐ At least one of the debtors and another Leased - direct payments \$8.000.00 \$8,000,00 outside of Plan to be made ☐ Check if this is community property (see instructions)

4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

■ No ☐ Yes

5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here.....=>

\$8,000.00

Part 3: Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own? Do not deduct secured claims or exemptions.

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Case number (if known) Document Debtor 1 Melissa A Greenberg 6. Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware Yes. Describe..... 7 rooms of major appliances, furniture, linens, kitchen ware and \$1.525.00 misc. personalty with averaging in excess of 5 years of age [est.] 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games ☐ No Yes. Describe..... \$250.00 3 flat screen TV's, radio, cell phone and older game system (est) 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles ■ No ☐ Yes. Describe..... 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments ☐ No Yes. Describe..... \$35.00 Bike Examples: Pistols, rifles, shotguns, ammunition, and related equipment No ☐ Yes. Describe..... 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories □ No Yes. Describe..... \$175.00 Necessary wearing apparel (est) 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver □ No Yes. Describe..... \$575.00 engagement ring and costume jewelry (est)

13. Non-farm animals

Examples: Dogs, cats, birds, horses

☐ No

Yes. Describe.....

hamster with 2 cats (not breedable)

\$15.00

14. Any other personal and household items you did not already list, including any health aids you did not list

No

| | Case 16-25238 Duc 1 | Document | Page 13 of 65 | F DESC MAIN 8/05/16 1:36PM |
|---|--|--|--|--|
| Debtor 1 | Melissa A Greenberg | Document | Case number (if know | /n) |
| ☐ Yes. | Give specific information | | | |
| | | | | |
| | the dollar value of all of your entries fro art 3. Write that number here | | any entries for pages you have attached | \$2,575.00 |
| Part 4: De | scribe Your Financial Assets | | | |
| Do you ov | vn or have any legal or equitable intere | st in any of the follo | wing? | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| ■ No | oles: Money you have in your wallet, in you | | posit box, and on hand when you file your pe | etition |
| | its of money ples: Checking, savings, or other financial institutions. If you have multiple acco | | of deposit; shares in credit unions, brokeraç estitution, list each. | ge houses, and other similar |
| _ ::: | | Institution | name: | |
| | 17.1. Checking (e | est) Chase | | \$125.00 |
| Examp No Yes 19. Non-pi joint v No Yes 20. Govern Negoti Non-n No Yes. 21. Retirer Examp | Give specific information about them Name of entity: Imment and corporate bonds and other reliable instruments include personal checks begotiable instruments are those you cannot give specific information about them alsuer name: Insure name: Insure or pension accounts boles: Interests in IRA, ERISA, Keogh, 4010 List each account separately. | th brokerage firms, mostly brokerage firms, mostly brokerage firms, mostly brokerage firms, mostly brokerage and unincomposite and non-to-to-to-to-to-to-to-to-to-to-to-to-to- | corporated businesses, including an interpretation of ownership: megotiable instruments omissory notes, and money orders. be by signing or delivering them. | |
| | Type of account: | Institution | name: | |
| | stock account - pe | ension Chase | | \$2,740.00 |
| | pension | Chase | | Unknown |
| | IRA (est) | Prudent | ial Securities | \$143,000.00 |
| | 401(k) (loans of \$22,470.00 partiall liened) | Chase Iy | | \$62,000.00 |
| | | | | <u> </u> |

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Case number (if known) Document Debtor 1 Melissa A Greenberg 22

| 22. | | | ontinue service or use from a company electric, gas, water), telecommunications comp | anies, or others |
|-----|---|--|---|---|
| | ■ No □ Yes | Institution | n name or individual: | |
| 23. | Annuities (A contract for a periodic par ■ No | yment of money to you, either | for life or for a number of years) | |
| | Yes Issuer name and | description. | | |
| 24. | Interests in an education IRA, in an a 26 U.S.C. §§ 530(b)(1), 529A(b), and 55 □ No | | program, or under a qualified state tuition p | rogram. |
| | Yes Institution name a | and description. Separately file | e the records of any interests.11 U.S.C. § 521(o | s): |
| | Prudential - Co | ollege Savings Pool (in s | son's name) (est) | \$300.00 |
| 25. | Trusts, equitable or future interests ■ No □ Yes. Give specific information about | | ning listed in line 1), and rights or powers e | xercisable for your benefit |
| 26. | Patents, copyrights, trademarks, trademar | bsites, proceeds from royalties | | |
| 27. | Licenses, franchises, and other gene | eral intangibles licenses, cooperative associat | tion holdings, liquor licenses, professional licer | nses |
| M | oney or property owed to you? | | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 28. | Tax refunds owed to you ■ No □ Yes. Give specific information about | them, including whether you a | Iready filed the returns and the tax years | |
| 29. | Family support Examples: Past due or lump sum alim No ☐ Yes. Give specific information | ony, spousal support, child sup | oport, maintenance, divorce settlement, proper | ty settlement |
| 30. | Other amounts someone owes you Examples: Unpaid wages, disability instance benefits; unpaid loans you No Yes. Give specific information | surance payments, disability b made to someone else | enefits, sick pay, vacation pay, workers' comp | ensation, Social Security |
| | · | Unemployed Ex-husbandecree) Note: entire obli | d owes 1/2 IRS debt (per divorce gation scheduled) (est) | \$11,317 .00 |
| 31. | □ No | • | nt (HSA); credit, homeowner's, or renter's insur | ance |
| | Yes. Name the insurance company of Company | | Beneficiary: | Surrender or refund |

Official Form 106A/B Schedule A/B: Property page 5

value:

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Case number (if known) Document Debtor 1 Melissa A Greenberg \$1,460.00 Son **HSA (Chase)** Park Spend Act (Chase) (est) Son \$1.000.00 Child Care Act (Chase) (est) Son \$2,100.00 Through Employer (life) Son-minor \$0.00 Long and Short Disability (union) \$0.00 son - minor 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. ■ No ☐ Yes. Give specific information.. 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue ■ No ☐ Yes. Describe each claim....... 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims ■ No ☐ Yes. Describe each claim....... 35. Any financial assets you did not already list No ☐ Yes. Give specific information.. 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached \$224,042.00 for Part 4. Write that number here..... Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1. 37. Do you own or have any legal or equitable interest in any business-related property? No. Go to Part 6. ☐ Yes. Go to line 38. Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? No. Go to Part 7. ☐ Yes. Go to line 47.

53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

■ No

☐ Yes. Give specific information.......

54. Add the dollar value of all of your entries from Part 7. Write that number here

Describe All Property You Own or Have an Interest in That You Did Not List Above

\$0.00

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Case number (if known) Document Debtor 1 Melissa A Greenberg

List the Totals of Each Part of this Form Part 8: Part 1: Total real estate, line 2 \$298,000.00 55. Part 2: Total vehicles, line 5 56. \$8,000.00 Part 3: Total personal and household items, line 15 \$2,575.00 57. 58. Part 4: Total financial assets, line 36 \$224,042.00 Part 5: Total business-related property, line 45 59. \$0.00 Part 6: Total farm- and fishing-related property, line 52 \$0.00 Part 7: Total other property not listed, line 54 \$0.00 Total personal property. Add lines 56 through 61... Copy personal property total \$234,617.00 \$234,617.00 63. Total of all property on Schedule A/B. Add line 55 + line 62 \$532,617.00

Official Form 106A/B Schedule A/B: Property page 7

| | | 1700.11111. | 111 FAUE 17 01 0. | |
|---|-------------------------|-------------------|-------------------|-----------------------|
| Fill in this infor | mation to identify your | | | |
| Debtor 1 | Melissa A Greenk | perg | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Bankruptcy Court for the: | | NORTHERN DISTRICT | OF ILLINOIS | |
| Case number _ | | | | |
| (if known) | | | | ☐ Check if this is an |
| | | | | amended filing |

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Part 1: Identify the Property | ' You Claim as Exempt |
|-------------------------------|-----------------------|
|-------------------------------|-----------------------|

| 1. | Which set of | exemptions are you | claiming? | Check one | only, even | if your | spouse is | s filing v | vith y | ∕ou. |
|----|--------------|--------------------|-----------|-----------|------------|---------|-----------|------------|--------|------|
|----|--------------|--------------------|-----------|-----------|------------|---------|-----------|------------|--------|------|

- You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own Copy the value from Schedule A/B | portion you own Copy the value from Check only one box for each exemption. | | Specific laws that allow exemption |
|---|--|---|--|------------------------------------|
| 25126 Scott Dr Plainfield, IL 60544 Will County Mortgage and Note with \$41,788 [est.] to reinstate Line from Schedule A/B: 1.1 | \$295,000.00 | | \$15,000.00 100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-901 |
| 2016 Hyundai Santa Fe 20000 miles Leased - direct payments outside of Plan to be made Line from <i>Schedule A/B</i> : 3.1 | \$8,000.00 | | \$2,400.00 100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1001(c) |
| 7 rooms of major appliances, furniture, linens, kitchen ware and misc. personalty with averaging in excess of 5 years of age [est.] Line from Schedule A/B: 6.1 | \$1,525.00 | | \$1,525.00 100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1001(b) |
| 3 flat screen TV's, radio, cell phone and older game system (est) Line from Schedule A/B: 7.1 | \$250.00 | | \$250.00 100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1001(b) |
| Bike Line from Schedule A/B: 9.1 | \$35.00 | | \$35.00 100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1001(b) |

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Case number (if known) Debtor 1 Melissa A Greenberg Brief description of the property and line on Current value of the Amount of the exemption you claim Specific laws that allow exemption Schedule A/B that lists this property portion you own Copy the value from Check only one box for each exemption. Schedule A/B **Necessary wearing apparel (est)** 735 ILCS 5/12-1001(a) \$175.00 \$175.00 Line from Schedule A/B: 11.1 П 100% of fair market value, up to any applicable statutory limit engagement ring and costume 735 ILCS 5/12-1001(b) \$575.00 \$575.00 jewelry (est) Line from Schedule A/B: 12.1 100% of fair market value, up to any applicable statutory limit hamster with 2 cats (not breedable) 735 ILCS 5/12-1001(b) \$15.00 \$15.00 Line from Schedule A/B: 13.1 100% of fair market value, up to any applicable statutory limit Checking (est): Chase 735 ILCS 5/12-1001(b) \$125.00 \$125.00 Line from Schedule A/B: 17.1 100% of fair market value, up to any applicable statutory limit stock account - pension: Chase 735 ILCS 5/12-1006 \$2,740.00 \$2,740.00 Line from Schedule A/B: 21.1 100% of fair market value, up to any applicable statutory limit pension: Chase 735 ILCS 5/12-1006 Unknown \$0.00 Line from Schedule A/B: 21.2 100% of fair market value, up to any applicable statutory limit IRA (est): Prudential Securities 735 ILCS 5/12-1006 \$143.000.00 Line from Schedule A/B: 21.3 100% of fair market value, up to any applicable statutory limit 401(k) (loans of \$22,470.00 partially 735 ILCS 5/12-1006 \$62,000.00 \$62,000.00 liened): Chase Line from Schedule A/B: 21.4 100% of fair market value, up to any applicable statutory limit Prudential - College Savings Pool (in 735 ILCS 5/12-1001(j) \$300.00 son's name) (est) Line from Schedule A/B: 24.1 100% of fair market value, up to any applicable statutory limit **Unemployed Ex-husband owes 1/2** 735 ILCS 5/12-1001(b) \$11,317.00 \$1,475.00 IRS debt (per divorce decree) Note: entire obligation scheduled) (est) 100% of fair market value, up to Line from Schedule A/B: 30.1 any applicable statutory limit **HSA (Chase)** 215 ILCS 5/238 100% \$1,460.00 Beneficiary: Son Line from Schedule A/B: 31.1 100% of fair market value, up to any applicable statutory limit Through Employer (life) 215 ILCS 5/238 \$0.00 100% Beneficiary: Son-minor Line from Schedule A/B: 31.4 100% of fair market value, up to

any applicable statutory limit

Case 16-25238 Doc 1 Filed 08/05/16 Entered 08/05/16 13:38:24 Desc Main 8/05/16 1:36PM Document Page 19 of 65 Melissa A Greenberg Case number (if known) Debtor 1 Brief description of the property and line on Current value of the Amount of the exemption you claim Specific laws that allow exemption Schedule A/B that lists this property portion you own Copy the value from Check only one box for each exemption. Schedule A/B Long and Short Disability (union) 215 ILCS 5/238 \$0.00 100% Beneficiary: son - minor Line from Schedule A/B: 31.5 100% of fair market value, up to any applicable statutory limit wages 735 ILCS 5/12-803, 740 ILCS Unknown 100% Line from Schedule A/B: 170/4 100% of fair market value, up to any applicable statutory limit 3. Are you claiming a homestead exemption of more than \$160,375? (Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.) Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

No

Yes

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| C | ase 10-23230 | | Page 20 | of 65 | 00.24 DESC IV | 8/05/16 1:36PI |
|---|--------------------------------|--|--------------------|-----------------------------------|--|-------------------|
| Fill in this info | rmation to identify you | | aue zu | OF GS | | |
| Debtor 1 | | | | | | |
| Debiori | Melissa A Greei First Name | | ast Name | | | |
| Debtor 2 | | | | | | |
| (Spouse if, filing) | First Name | Middle Name La | ast Name | | | |
| United States E | Sankruptcy Court for the | NORTHERN DISTRICT OF ILLING | OIS | | | |
| Case number | | | | | | |
| (if known) | | | | | ☐ Check | if this is an |
| | | | | | amend | ed filing |
| Official For | m 106D | | | | | |
| | | Who Have Claims Se | ocuro d | l by Droporty | , | 40/45 |
| Scriedule | D. Creditors | WIIO Have Claims 36 | JCui eu | i by Property | <u>/</u> | 12/15 |
| | he Additional Page, fill it | If two married people are filing together, l out, number the entries, and attach it to th | | | | |
| . Do any credito | rs have claims secured by | y your property? | | | | |
| ☐ No. Che | ck this box and submit t | his form to the court with your other sch | nedules. Yo | ou have nothing else to | report on this form. | |
| Yes. Fill | in all of the information | below. | | | | |
| Part 1: List | All Secured Claims | | | | | |
| | ed claims. If a creditor has a | more than one secured claim, list the credito | r separately | Column A | Column B | Column C |
| for each claim. If more than one creditor has | | s a particular claim, list the other creditors in Part 2. As | | Amount of claim Do not deduct the | Value of collateral that supports this | Unsecured portion |
| —— | , list the claims in alphabeti | cal order according to the creditor's name. | | value of collateral. | claim | If any |
| 2.1 Hyundia Creditor's Na | Motor Finance | Describe the property that secures the | | \$7,830.00 | \$8,000.00 | \$0.00 |
| Creditor's Na | ime | 2016 Hyundai Santa Fe 20000 r Leased - direct payments outsi | I | | | |
| | | Plan to be made | ide oi | | | |
| P.O. Box | x 660891 | As of the date you file, the claim is: Che | ck all that | | | |
| | TX 75266 | apply. Contingent | | | | |
| Number, Stre | eet, City, State & Zip Code | ☐ Unliquidated | | | | |
| | | Disputed | | | | |
| _ | debt? Check one. | Nature of lien. Check all that apply. | | | | |
| Debtor 1 only | | An agreement you made (such as more car loan) | tgage or secu | ured | | |
| ☐ Debtor 2 only☐ Debtor 1 and | Debter 2 enly | | niala lian) | | | |
| _ | f the debtors and another | ☐ Statutory lien (such as tax lien, mechar☐ Judgment lien from a lawsuit | iics iieri) | | | |
| | claim relates to a | Other (including a right to offset) | | | | |
| community | | · · · · · · · · · · · · · · · · · · · | | | | |
| Date debt was ir | ocurred 2016 | Last 4 digits of account number | 9337 | | | |
| | | | | | | |
| 2.2 Liberty | | Describe the manufactuation of the | -1-! | \$1,133.53 | \$295,000.00 | \$1,133.53 |
| Homeov Creditor's Na | vners Associatio | Describe the property that secures the 25126 Scott Dr Plainfield, IL 60 | | Ψ1,100.00 | Ψ233,000.00 | Ψ1,133.33 |
| | | Will County | 344 | | | |
| | | Mortgage and Note with \$41,78 | 38 | | | |
| 25251 Li | berty Grove | [est.] to reinstate | | | | |
| Blvd. | | As of the date you file, the claim is: Checapply. | ck all that | | | |
| | d, IL 60544 | Contingent | | | | |
| Number, Stre | eet, City, State & Zip Code | Unliquidated | | | | |
| Who owes the | debt? Check one. | ☐ Disputed Nature of lien. Check all that apply. | | | | |
| ■ Debtor 1 only | | ☐ An agreement you made (such as mort | tgage or secr | ured | | |
| Debtor 2 only | | car loan) | | | | |
| • | eptor 2 only | | | | | |

Official Form 106D

☐ Debtor 1 and Debtor 2 only

 $\hfill \square$ At least one of the debtors and another

Schedule D: Creditors Who Have Claims Secured by Property

■ Statutory lien (such as tax lien, mechanic's lien)

■ Judgment lien from a lawsuit

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Debtor 1 Melissa A Greenberg Case number (if know) First Name Middle Name Last Name ☐ Check if this claim relates to a Other (including a right to offset) community debt Date debt was incurred 2005 Last 4 digits of account number 1140 \$16,754.89 \$3,000.00 2.3 Starwood Resorts Describe the property that secures the claim: \$13,754.89 Creditor's Name Starwood Resorts The Western Ka'anapali Ocean Resort 6 Kai Ala Drive Lahaina, HI 96761 Maui County Time share - in arrears as to monthly maintence fees (NOTE: 1/12 SCHEDULED AS YEARLY FEE IS The Western Ka'anapali \$1500.00) Ocean Resort As of the date you file, the claim is: Check all that 6 Kai Ala Drive Lahaina, HI 96761 ☐ Contingent Number, Street, City, State & Zip Code ■ Unliquidated ☐ Disputed Who owes the debt? Check one. Nature of lien. Check all that apply. ■ Debtor 1 only An agreement you made (such as mortgage or secured Debtor 2 only car loan) Debtor 1 and Debtor 2 only ☐ Statutory lien (such as tax lien, mechanic's lien) ☐ Judgment lien from a lawsuit ☐ At least one of the debtors and another Est. Maint. fees due ☐ Check if this claim relates to a Other (including a right to offset) community debt Date debt was incurred Last 4 digits of account number 9000 Wells Fargo Describe the property that secures the claim: \$298,827.00 \$295,000.00 \$3,827.00 2.4 Creditor's Name 25126 Scott Dr Plainfield, IL 60544 Will County c/o Anselmo, Lindstrom Mortgage and Note with \$41,788 Oliver LLC [est.] to reinstate 1771 W. Diehl Road Suite As of the date you file, the claim is: Check all that 120 apply. Naperville, IL 60563 ☐ Contingent Number, Street, City, State & Zip Code Unliquidated ☐ Disputed Who owes the debt? Check one. Nature of lien. Check all that apply. ■ Debtor 1 only An agreement you made (such as mortgage or secured) Debtor 2 only Debtor 1 and Debtor 2 only ☐ Statutory lien (such as tax lien, mechanic's lien) ☐ At least one of the debtors and another ☐ Judgment lien from a lawsuit ☐ Check if this claim relates to a Other (including a right to offset) Lien per Mortgage and Note community debt Date debt was incurred 04/2007 Last 4 digits of account number 1539 Add the dollar value of your entries in Column A on this page. Write that number here: \$324,545.42 If this is the last page of your form, add the dollar value totals from all pages. \$324,545.42

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Write that number here:

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| Debtor 1 | Melissa A Greenb | erg | | Case number (if know) | |
|----------------|---|-------------|-----------|--|-------------|
| | First Name | Middle Name | Last Name | | |
| Ch Ke 12 | me, Number, Street, City, narles Keough cough & Moody PC 50 E Diehl Rd. Suit perville, IL 60563 | · | | On which line in Part 1 did you enter Last 4 digits of account number | |

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Page 23 of 65 Document Fill in this information to identify your case: Debtor 1 Melissa A Greenberg First Name Middle Name Last Name Debtor 2 Middle Name (Spouse if, filing) First Name Last Name NORTHERN DISTRICT OF ILLINOIS United States Bankruptcy Court for the: Case number (if known) ☐ Check if this is an amended filing Official Form 106E/F Schedule E/F: Creditors Who Have Unsecured Claims Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known). Part 1: List All of Your PRIORITY Unsecured Claims Do any creditors have priority unsecured claims against you? ☐ No. Go to Part 2. 2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.) **Total claim Priority** Nonpriority amount 2.1 \$22,634.00 \$0.00 Department of the Treasury Last 4 digits of account number 0519 \$22,634.00 Priority Creditor's Name 2010, 2011, 2012, 2013, **Internal Revenue Service** When was the debt incurred? 2014, 2015 Cincinnati, OH 45999-0030 Number Street City State ZIp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of PRIORITY unsecured claim: ☐ Domestic support obligations At least one of the debtors and another ☐ Check if this claim is for a community debt Taxes and certain other debts you owe the government Is the claim subject to offset? ☐ Claims for death or personal injury while you were intoxicated □ No Other. Specify Yes Debtor owes 1/2 back taxes of \$11,317 [with est. interest] - per DV decree. List entire amount as

owed.

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Page 24 of 65 Case number (if know) Document Debtor 1 Melissa A Greenberg 2.2 Ross Greenberg Last 4 digits of account number D211 \$18,200.00 \$18,200.00 \$0.00 Priority Creditor's Name 1075 Preserve Avenue When was the debt incurred? 2016 **Unit 110** Naperville, IL Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed Type of PRIORITY unsecured claim: Debtor 1 and Debtor 2 only Domestic support obligations At least one of the debtors and another ☐ Taxes and certain other debts you owe the government ☐ Check if this claim is for a community debt Is the claim subject to offset? ☐ Claims for death or personal injury while you were intoxicated ■ No Other. Specify ☐ Yes Maintenance for 30 months [as of April, 2016] per DV at \$700.00./mo with \$18,200.00 Part 2: List All of Your NONPRIORITY Unsecured Claims 3. Do any creditors have nonpriority unsecured claims against you? \square No. You have nothing to report in this part. Submit this form to the court with your other schedules. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.If you have more than three nonpriority unsecured claims fill out the Continuation Page of **Total claim** ABC Credit & Recovery Services, 8229 \$527.00 4.1 Last 4 digits of account number Nonpriority Creditor's Name **Doctor Green Services** When was the debt incurred? 2015 P.O. Box 3732 Lisle. IL 60532-8722 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community

 \square Obligations arising out of a separation agreement or divorce that you did not

Debts to pension or profit-sharing plans, and other similar debts

debt

■ No

☐ Yes

Is the claim subject to offset?

report as priority claims

■ Other. Specify Consumer

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| 4.2 | Adventist Bolingbrook Hospital | Last 4 digits of account number 4294 | \$312.00 |
|-----|--|--|----------|
| | Nonpriority Creditor's Name Department #7505 P.O. Box 1259 | When was the debt incurred? | |
| | Oaks, PA 19456 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | ■ Debtor 1 only □ Debtor 2 only | ☐ Contingent ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt | ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not | |
| | Is the claim subject to offset? ■ No | report as priority claims Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | ■ Other. Specify Medical (2 accounts) | |
| 4.3 | Adventist Health Partners Nonpriority Creditor's Name | Last 4 digits of account number Greenberg | \$305.00 |
| | c/o Creditors Collection P.O. Box 63 | When was the debt incurred? | |
| | Kankakee, IL 60901 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another | ☐ Disputed Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims Debts to pension or profit-sharing plans, and other similar debts | |
| | □Yes | ■ Other. Specify Medical (17 accounts) | |
| 1.4 | Adventist Hinsdale Nonpriority Creditor's Name | Last 4 digits of account number Greenberg | \$271.00 |
| | Creditors Collection Bureau P.O. Box 63 | When was the debt incurred? 2009 | |
| | Kankakee, IL 60901 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | ■ Other. Specify Medical | |

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| Debtor | Melissa A Greenberg | Case number (if know) | |
|--------|---|---|----------|
| | Allied Anesthesia Nonpriority Creditor's Name | Last 4 digits of account number 0018 | \$447.00 |
| | c/o Medical Business Bureau 1175 Devin Drive, Suite 173 Muskegon, MI 49441 | When was the debt incurred? | |
| - | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | |
| | ☐ Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | lacktriangle Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | ■ Other. Specify Medical | |
| | Avenue/Commenity Nonpriority Creditor's Name | Last 4 digits of account number 6653 | \$649.00 |
| | P.O. Box 182125 Columbus, OH 43218 | When was the debt incurred? | |
| | Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | Debtor 1 only | ☐ Contingent | |
| | ☐ Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | Check if this claim is for a community debt | Student loans | |
| | Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Other. Specify Consumer | |
| 4.7 | BMI Surgery - Dr. Lehman | Last 4 digits of account number 3586 | \$754.00 |
| | Nonpriority Creditor's Name c/o Creditors Collection 1890 Silver Cross #A 260 New Lenox, IL 60451 | When was the debt incurred? 2008 | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | Dobligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | No | □ Debts to pension or profit-sharing plans, and other similar debts | |
| | □ Yes | ■ Other. Specify Medical | |
| | — 163 | ■ Other. Specify | |

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| Dioi | Melissa A Greenberg | | |
|------|--|---|------------|
| | Capital One Bank | Last 4 digits of account number 2167 | \$1,224.00 |
| | Nonpriority Creditor's Name P.O. Box 30285 Solt Loke City, UT 94430 0385 | When was the debt incurred? | |
| - | Salt Lake City, UT 84130-0285 Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | \square Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | lacksquare Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | ■ Other. Specify consumer | |
|] . | Capital One Bank Nonpriority Creditor's Name | Last 4 digits of account number 9056 | \$2,520.00 |
| | P.O. Box 30285 | When was the debt incurred? | |
| _ | Salt Lake City, UT 84130-0285 | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | □ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | \square Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Other. Specify Consumer | |
| 1 | Comprehensive Pathology Services | Last 4 digits of account number 8093 | \$281.00 |
| | Nonpriority Creditor's Name | | <u> </u> |
| | 26570 Network Place | When was the debt incurred? | |
| - | Chicago, IL 60673 Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | Debtor 1 only | ☐ Contingent | |
| | ☐ Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | \square Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | \square Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | ■ Other. Specify Medical | |

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4.1 \$100.00 **Creditors Discount & Audit** unknown Last 4 digits of account number Nonpriority Creditor's Name West Suburban Womens Health When was the debt incurred? 415 E. Main Street Streator, IL 61364 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes ■ Other. Specify Medical 4.1 Dr. Jill House 7230 \$244.00 Last 4 digits of account number 2 Nonpriority Creditor's Name c/o Collections Professional 2008 When was the debt incurred? P.O. Box 416 La Salle, IL 61301 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Medical ☐ Yes 4.1 **DuPage Medical Group** 4294 \$218.00 Last 4 digits of account number 3 Nonpriority Creditor's Name 15921 Collections Center When was the debt incurred? Chicago, IL 60693 Number Street City State ZIp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims lacksquare Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Medical (2 accounts) ☐ Yes

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| DuPage Medical Group Nonpriority Creditor's Name | Last 4 digits of account number 8939 | \$507.00 |
|--|--|----------|
| 15921 Collections Center | When was the debt incurred? | |
| Chicago, IL 60693 Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| Who incurred the debt? Check one. | | |
| Debtor 1 only | ☐ Contingent | |
| Debtor 2 only | ☐ Unliquidated | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| \square At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| \square Check if this claim is for a community | ☐ Student loans | |
| debt Is the claim subject to offset? | Dobligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| ☐ Yes | Other. Specify Medical | |
| DuPage Medical Group | Last 4 digits of account number 6401 | \$258.00 |
| Nonpriority Creditor's Name 15921 Collections Center | When was the debt incurred? | |
| Chicago, IL 60693 | | |
| Number Street City State ZIp Code | As of the date you file, the claim is: Check all that apply | |
| Who incurred the debt? Check one. | | |
| ■ Debtor 1 only | Contingent | |
| ☐ Debtor 2 only | Unliquidated | |
| ☐ Debtor 1 and Debtor 2 only | Disputed | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured claim: Student loans | |
| ☐ Check if this claim is for a community debt | ☐ Obligations arising out of a separation agreement or divorce that you did not | |
| Is the claim subject to offset? | report as priority claims | |
| ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| Yes | Other. Specify Medical | |
| Early Intervention Central Billing | Last 4 digits of account number 7902 | \$798.00 |
| Nonpriority Creditor's Name | Last 4 digits of account number 7902 | Ψ7 90.UC |
| P.O. Box 3725 | When was the debt incurred? | |
| Springfield, IL 62708-3725 | As of the date were file the elements Observed all that seek | |
| Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| Debtor 1 only | □ Occasion conte | |
| | ☐ Contingent ☐ Unliquidated | |
| Debtor 2 only | ☐ Disputed | |
| ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another | ☐ Disputed Type of NONPRIORITY unsecured claim: | |
| | Student loans | |
| ☐ Check if this claim is for a community debt | ☐ Obligations arising out of a separation agreement or divorce that you did not | |
| Is the claim subject to offset? | report as priority claims | |
| ■ No | Debts to pension or profit-sharing plans, and other similar debts | |
| Yes | ■ Other. Specify Medical (2 accounts) | |

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Debtor 1 Melissa A Greenberg Case number (if know) 4.1 **Edward Hospital** 4294 \$1,127.00 Last 4 digits of account number Nonpriority Creditor's Name c/o Merchants Credit When was the debt incurred? 223 W. Jackson Blvd. Chicago, IL 60606 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes ■ Other. Specify Medical (4 accounts) 4.1 **Edwards Hospital** 6339 \$234.00 Last 4 digits of account number 8 Nonpriority Creditor's Name c/o Medical Recovery Specialists When was the debt incurred? P.O. Box 1022 Wixom, MI 48393 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts Other. Specify Medical ☐ Yes 4.1 **Heartland Cardiovascular** unknown \$398.00 Last 4 digits of account number 9 Nonpriority Creditor's Name **Creditors Discount** When was the debt incurred? 415 E. Main Street Streator, IL 61364 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent ☐ Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts ■ No

☐ Yes

■ Other. Specify Medical

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| 4.2 0 | Household Finance Corporation | Last 4 digits of account number 8471 | \$21,000.00 |
|----------|---|---|-------------|
| | Nonpriority Creditor's Name HSBC/Beneficial | When was the debt incurred? | |
| | P.O. Box 1231 Brandon, FL 33509-1231 | | |
| | Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | Student loans | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | lacktriangle Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | ■ Other. Specify Release of lien (2nd Mortgage) | |
| 1.2 | HSN/Commenity | Last 4 digits of account number 2899 | \$674.00 |
| | Nonpriority Creditor's Name | When was the debt incurred? | |
| | P.O. Box 182125 Columbus, OH 43218 | when was the dept incurred? | |
| | Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | ■ Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | Student loans | |
| | debt Is the claim subject to offset? | Dobligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Other. Specify Consumer | |
| 1.2 | Lane Bryant/Commenity | Last 4 digits of account number 9218 | \$626.00 |
| 2 | Nonpriority Creditor's Name | Last 4 digits of account number 9218 | Ψ020.00 |
| | P.O. Box 182125 | When was the debt incurred? | |
| | Columbus, OH 43218 Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | As of the date you me, the claim is. Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | ☐Yes | ■ Other. Specify Consumer | |

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| 4.2 | Mid American Psychological | Last 4 digits of account number 7230 | \$644.00 |
|----------|--|---|----------|
| | Nonpriority Creditor's Name Collections Professionals | When was the debt incurred? | |
| | P.O. Box 416 La Salle, IL 61301-0416 Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | ■ Debtor 1 only | ☐ Contingent | |
| | ☐ Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | \square Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | \square Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Other. Specify Medical | |
| 4.2 | Physicians Immediate Care Chicago | Last 4 digits of account number Greenberg | \$256.00 |
| | Nonpriority Creditor's Name P.O. Box 544 Dept. 5390 Milwaukee, WI 53201-0544 | When was the debt incurred? | |
| | Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | ■ Debtor 1 only | ☐ Contingent | |
| | ☐ Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | \square Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Other. Specify Medical | |
| 4.2 | Saranto Calamas | Last 4 digits of account number Greenberg | \$175.00 |
| <u> </u> | Nonpriority Creditor's Name 640 Belle Terre Road | When was the debt incurred? | <u> </u> |
| | Bldg D Port Jefferson, NY 11777 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | Debtor 1 only | O continuent | |
| | ■ Debtor 1 only □ Contingent □ Debtor 2 only □ Unliquidated | | |
| | | | |
| | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another | ☐ Disputed Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Other. Specify tax preparer | |

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Case number (if know)

4.2 **Scott Reich** D211 \$1,500.00 Last 4 digits of account number 6 Nonpriority Creditor's Name 116 N. Chicago Street When was the debt incurred? 2015 Joliet, IL 60432 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Attorney's fees ☐ Yes 4.2 Silver Cross 4988 \$196.00 Last 4 digits of account number Nonpriority Creditor's Name c/o Vision Financial When was the debt incurred? P.O. Box 1768 La Porte, IN 46352-1768 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only □ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes ■ Other. Specify Medical 4.2 V502 Will County Circuit Court \$369.00 8 Last 4 digits of account number Nonpriority Creditor's Name c/o Harris & Harris When was the debt incurred? P.O. Box 5598 Chicago, IL 60680 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only □ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims lacksquare Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Judgment ☐ Yes

Document

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Case number (if know) Debtor 1 Melissa A Greenberg 4.2 Woman Within/Commenity 1761 \$329.00 Last 4 digits of account number q Nonpriority Creditor's Name P.O. Box 182125 When was the debt incurred? Columbus, OH 43218 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only □ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Other. Specify Consumer Part 3: List Others to Be Notified About a Debt That You Already Listed 5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page. Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? **Creditors Discount & Audit** Line 4.19 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims P.O. Box 215 Part 2: Creditors with Nonpriority Unsecured Claims Streator, IL 61364 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? **Creditors Protection** Line 4.24 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims P.O. Box 4115 Part 2: Creditors with Nonpriority Unsecured Claims Rockford, IL 61110 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? **Merchants Credit Guide** Line 4.13 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims 223 W. Jackson Blvd. Part 2: Creditors with Nonpriority Unsecured Claims Suite 410 Chicago, IL 60606-6908 Last 4 digits of account number 4294 Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? **Nationwide Credit** Line 4.14 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims 815 Commerce Drive Part 2: Creditors with Nonpriority Unsecured Claims Suite 270 Oak Brook, IL 60523 Last 4 digits of account number Part 4: Add the Amounts for Each Type of Unsecured Claim 6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim. **Domestic support obligations** 18,200.00 Total claims from Part 1 Taxes and certain other debts you owe the government 6b. 22,634.00 6с Claims for death or personal injury while you were intoxicated 6с 0.00 Other. Add all other priority unsecured claims. Write that amount here. 6d. 6d. 0.00 Total Priority. Add lines 6a through 6d. 40.834.00

Total Claim

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| Debtor 1 Me | lissa A | Greenberg 2 3 3 3 | Case r | number (if know) | | |
|--------------|---------|---|--------|------------------|-----------|--|
| | 6f. | Student loans | 6f. | \$ | 0.00 | |
| Total claims | | | | | | |
| from Part 2 | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ | 0.00 | |
| | 6h. | Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$ | 0.00 | |
| | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | \$ | 36,943.00 | |
| | 6j. | Total Nonpriority. Add lines 6f through 6i. | 6j. | \$ | 36,943.00 | |

| | | DUGUILE | 111 Paue 30 01 03 | |
|---------------------|--------------------------|-------------------|-------------------|--------------------------------------|
| Fill in this infor | rmation to identify your | case: | | |
| Debtor 1 | Melissa A Greenk | perg | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | |
| Case number | | | | |
| (if known) | | | | ☐ Check if this is an amended filing |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - □ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| P | erson or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code | State what the contract or lease is for |
|-----|--|--|
| 2.1 | Hyundai USA | lease for vehicle (exp. December 2012) - assume |
| 2.2 | JUNE, PRODEHL RENZI & LYNCH, LLC 1861 Black Road Joliet, IL 60435 | Representation in Chapter 13 Bankruptcy - assume |
| 2.3 | Verizon | Cellular contract (month to month) - assume |

| | Case 10-25238 | Docume Docume | | 6/05/16 13.36.24 65 | Desc Main | 16 1:36P |
|-----------------------|---|--------------------------------|-----------------------------|--|--------------------------------------|----------|
| Fill in th | his information to identify you | | | | | |
| Debtor ' | | | | | | |
| Debtor 2 | First Name | Middle Name | Last Name | | | |
| (Spouse if, | | Middle Name | Last Name | | | |
| United S | States Bankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | | | |
| Case nu (if known) | umber | | | | ☐ Check if this is an amended filing | |
| Offici | ial Form 106H | | | | | |
| | edule H: Your Cod | lebtors | | | 12 | 2/15 |
| 1. □ □ N ■ Y | | you are filing a joint case, | do not list either spouse a | s a codebtor. | | |
| | Vithin the last 8 years, have yo cona, California, Idaho, Louisiana | | | | tes and territories include | |
| _ | No. Go to line 3. Yes. Did your spouse, former spo | ouse, or legal equivalent live | e with you at the time? | | | |
| in li For | Column 1, list all of your codeb ine 2 again as a codebtor only m 106D), Schedule E/F (Officia Column 2. | if that person is a guaran | tor or cosigner. Make su | ire you have listed the cr | editor on Schedule D (C | Officia |
| | Column 1: Your codebtor Name, Number, Street, City, State and 2 | ZIP Code | | Column 2: The credito Check all schedules that | r to whom you owe the at apply: | debt |
| 3.1 | Ross Greenberg 1075 Preserve Avenue Unit 110 Naperville, IL (ex-husband) | | | ☐ Schedule D, line _ ■ Schedule E/F, line ☐ Schedule G _ Department of the 1 | e <u>2.1</u> | |

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| Fill | in this information to | o identify your ca | ase: | | | | | | |
|---------------------------------|--|---|---|---|----------------------------|-----------------------|-----------------------------|------------------------------|--------------|
| Deb | otor 1 | Melissa A G | reenberg | | | | | | |
| | otor 2 ouse, if filing) | | | | | | | | |
| Uni | ted States Bankrup | tcy Court for the | : NORTHERN DISTRIC | CT OF ILLINOIS | | | | | |
| | se number | | | | ☐ A su | amended upplemer | J | ostpetition ch wing date: | napter |
| 0 | fficial Form | 106I | | | MM | / DD/ YY | /YY | | |
| S | chedule I: ` | Your Inco | ome | | | | | | 12/15 |
| sup _l spo atta | plying correct info use. If you are sep ch a separate shee | rmation. If you arated and you | are married and not filir r spouse is not filing wi | ple are filing together (Debtor 1 and jointly, and your spouse is live the you, do not include informational pages, write your name and | ing with yo on about yo | ou, inclu our spou | de informat use. If more | ion about yo space is ne | our eded, |
| 1. | Fill in your emploinformation. | oyment | | Debtor 1 | D | ebtor 2 | or non-filing | g spouse | |
| | If you have more | | Employment status | ■ Employed | | I Employ | yed | | |
| | information about | ch a separate page with mation about additional Employment status | ☐ Not employed | | ☐ Not em | nployed | | | |
| | employers. | | Occupation | Vice President | | | | | |
| | Include part-time, self-employed wo | | Employer's name | JPMorgan Chase Bank | | | | | |
| | Occupation may in or homemaker, if | | Employer's address | 1111 Polaris Parkway Columbus, OH 43240 | | | | | |
| | | | How long employed ti | here? 20 years | | _ | | | |
| Par | t 2: Give Det | tails About Mon | thly Income | | | | | | |
| spou f yo | use unless you are s | separated. spouse have mo | ore than one employer, co | you have nothing to report for any londing the information for all emplo | | | | | |
| | e epace, allacit a sc | sparate shoot to | | | For Debto | r 1 | For Debto non-filing | | |
| 2. | | | ry, and commissions (becalculate what the month! | | 12,44 | 41.66 | \$ | N/A | |

Estimate and list monthly overtime pay.

Calculate gross Income. Add line 2 + line 3.

0.00 +\$ N/A 12,441.66 \$ N/A

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Debtor 1 Melissa A Greenberg Case number (if known) For Debtor 2 or For Debtor 1 non-filing spouse Copy line 4 here 12.441.66 N/A List all payroll deductions: Tax, Medicare, and Social Security deductions 5a. 2,943.34 N/A 5b. Mandatory contributions for retirement plans 5b. \$ 0.00 N/A 5c. Voluntary contributions for retirement plans 5c. N/A 231.78 5d. Required repayments of retirement fund loans 5d. \$ 0.00 N/A Insurance 5e. 5e. 1.151.17 N/A 5f. **Domestic support obligations** 5f. 0.00 N/A 5q. Union dues 5q. \$ 0.00 N/A 5h. Other deductions. Specify: 401(k) loan 5h.+ \$ \$ 614.36 N/A 7.50 N/A 6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 6. 4,948.15 N/A 7 Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. 7,493.51 N/A 8 List all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8a. 0.00 N/A 8b. Interest and dividends 8b. \$ 0.00 N/A Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8c. 0.00 N/A **Unemployment compensation** N/A 8d. 8d. 0.00 8e. **Social Security** 8e. 0.00 N/A 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8f. 0.00 N/A 8g. 8g. Pension or retirement income 0.00 \$ N/A Other monthly income. Specify: 8h.+ 0.00 N/A \$ Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9 N/A 0.00 Calculate monthly income. Add line 7 + line 9. \$ 7,493.51 10. \$ 7,493.51 N/A \$ Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: +\$ 0.00 11. 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it 7,493.51 12. \$ applies Combined monthly income 13. Do you expect an increase or decrease within the year after you file this form? No. п Yes. Explain: Wages can vary slightly, so CMI average used

Official Form 106I Schedule I: Your Income page 2 Case 16-25238 Doc 1 Filed 08/05/16 Entered 08/05/16 13:38:24 Desc Main Document Page 40 of 65 Page 40 of 65

| Fill | in this information to identify y | our case: | | | | | | |
|------------|---|--------------------------|---|---|----------------|--------|-----------------|---|
| Deb | otor 1 Melissa A G | reenherd | | | Cł | neck i | f this is: | |
| | Michiga A C | reemberg | | | | | amended filing | |
| | otor 2 | | | | | | | ving postpetition chapter the following date: |
| (Spt | ouse, if filing) | | | | | | expenses as or | |
| Unit | ted States Bankruptcy Court for the | : NORTH | IERN DISTRICT OF ILLIN | OIS | | MI | M / DD / YYYY | |
| l | nown) | | | | | | | |
| Of | fficial Form 106J | | | | | | | |
| Sc | chedule J: Your | Exper | nses | | | | | 12/15 |
| Be info | as complete and accurate as ormation. If more space is no mber (if known). Answer eve | s possible eded, atta | . If two married people ar ich another sheet to this | | | | | |
| Par 1. | t 1: Describe Your House Is this a joint case? | ehold | | | | | | |
| •• | No. Go to line 2. | | | | | | | |
| | ☐ Yes. Does Debtor 2 live | in a separ | ate household? | | | | | |
| | ☐ No ☐ Yes. Debtor 2 mu | st file Offici | al Form 106J-2, <i>Expenses</i> | for Separate Househo | <i>ld</i> of D | ebtor | 2. | |
| 2. | Do you have dependents? | □ No | | | | | | |
| | Do not list Debtor 1 and Debtor 2. | ■ Yes. | Fill out this information for each dependent | Dependent's relations Debtor 1 or Debtor 2 | ship to | | Dependent's age | Does dependent live with you? |
| | Do not state the | | | | | | | □ No |
| | dependents names. | | | Son (RG) | | | 7 | ■ Yes |
| | | | | | | | | □ No |
| | | | | | | | | ☐ Yes |
| | | | | | | | | □ No |
| | | | | | | | | ☐ Yes |
| | | | | | | | | □ No □ Yes |
| 3. | Do your expenses include expenses of people other tyourself and your dependent | :han _ | No Yes | | | | | Li res |
| | t 2: Estimate Your Ongo | | | | | | | |
| exp | imate your expenses as of y penses as of a date after the plicable date. | | | | | | | |
| the | lude expenses paid for with value of such assistance ar ficial Form 106l.) | | | | | | Your expe | enses |
| 4. | The rental or home owners payments and any rent for the | | • | nclude first mortgage | 4. | \$ | | 2,800.00 |
| | If not included in line 4: | | | | | | | |
| | 4a. Real estate taxes | | | | 4a. | \$ | | 0.00 |
| | 4b. Property, homeowner' | | | | 4b. | _ | | 0.00 |
| | 4c. Home maintenance, re | • | | | 4c. | - 1 | | 135.00 |
| | 4d. Homeowner's associa | tion or con- | dominium dues | | 4d. | \$ | | 52.00 |

0.00

Additional mortgage payments for your residence, such as home equity loans

| Deb | tor 1 | Melissa A | A Greenberg | Case r | numl | per (if known) | |
|-----|---------------|---------------|--|----------------------------------|-------|---------------------|----------------------------|
| 6. | Utiliti | ies: | | | | | |
| ٠. | 6a. | | heat, natural gas | | За. | \$ | 216.00 |
| | 6b. | • | ver, garbage collection | 6 | 3b. | \$ | 85.00 |
| | 6c. | | , cell phone, Internet, satellite, and cable service | es (| 6c. | \$ | 325.00 |
| | 6d. | Other. Spe | • | | 6d. | \$ | 0.00 |
| 7. | Food | | ekeeping supplies | | 7. | \$ | 525.00 |
| 8. | | | hildren's education costs | | 8. | \$ | 450.00 |
| 9. | | | y, and dry cleaning | | 9. | \$ | 80.00 |
| | | | roducts and services | | 10. | \$ | 70.00 |
| | | - | ntal expenses | | 11. | | 50.00 |
| | | | Include gas, maintenance, bus or train fare. | | • • • | Ψ | 30.00 |
| 12. | | | ar payments. | • | 12. | \$ | 330.00 |
| 13. | | | clubs, recreation, newspapers, magazines, a | and books | 13. | \$ | 65.00 |
| | | | ibutions and religious donations | | 14. | \$ | 0.00 |
| | Insur | | G | | | | |
| | Do no | ot include in | surance deducted from your pay or included in | lines 4 or 20. | | | |
| | 15a. | Life insura | nce | 15 | 5а. | \$ | 0.00 |
| | 15b. | Health insu | urance | 15 | 5b. | \$ | 0.00 |
| | 15c. | Vehicle ins | surance | 15 | 5c. | \$ | 220.00 |
| | 15d. | Other insu | rance. Specify: | 15 | 5d. | \$ | 0.00 |
| 16. | Taxes | s. Do not in | clude taxes deducted from your pay or included | l in lines 4 or 20. | | | |
| | Speci | | , , , | | 16. | \$ | 0.00 |
| 17. | Instal | Ilment or le | ease payments: | | | | |
| | 17a. | Car payme | ents for Vehicle 1 | 17 | 7a. | \$ | 435.00 |
| | 17b. | Car payme | ents for Vehicle 2 | 17 | 7b. | \$ | 0.00 |
| | 17c. | Other. Spe | ecify: | 17 | 7c. | \$ | 0.00 |
| | 17d. | Other. Spe | | | 7d. | \$ | 0.00 |
| 18. | Your | payments | of alimony, maintenance, and support that y | ou did not report as | | | |
| | dedu | cted from y | our pay on line 5, Schedule I, Your Income | (Official Form 106I). | 18. | \$ | 700.00 |
| 19. | Other | r payments | you make to support others who do not live | e with you. | | \$ | 0.00 |
| | Speci | · | | | 19. | | |
| 20. | | | erty expenses not included in lines 4 or 5 of | | | | |
| | | | on other property | | Ja. | | 0.00 |
| | | Real estate | | | Ob. | · . | 0.00 |
| | 20c. | Property, h | nomeowner's, or renter's insurance | | 0c. | | 0.00 |
| | 20d. | Maintenan | ce, repair, and upkeep expenses | 20 | Ͻd. | \$ | 0.00 |
| | 20e. | Homeowne | er's association or condominium dues | 20 | Эe. | \$ | 0.00 |
| 21. | Other | r: Specify: | Prescriptions | 2 | 21. | +\$ | 25.00 |
| | Incid | dental Hou | sehold Expenses | | | +\$ | 75.00 |
| | | share pay | | | | +\$ | 125.00 |
| | | | | | | | |
| 22. | | | nonthly expenses | | | • | |
| | | Add lines 4 | 8 | | | \$ | 6,763.00 |
| | 22b. (| Copy line 22 | 2 (monthly expenses for Debtor 2), if any, from | Official Form 106J-2 | | \$ | |
| | 22c. <i>F</i> | Add line 22a | a and 22b. The result is your monthly expenses | 3. | | \$ | 6,763.00 |
| 23. | Calcu | ulate vour r | nonthly net income. | | | | |
| | | | 12 (your combined monthly income) from Sched | dule I. 23 | 3a. | \$ | 7,493.51 |
| | | | monthly expenses from line 22c above. | | 3b. | · - | 6,763.00 |
| | | , , , oui | , | | | * | |
| | 23c. | Subtract vo | our monthly expenses from your monthly incom | e. | | | |
| | - | | is your monthly net income. | 23 | 3c. | \$ | 730.51 |
| _ | _ | | | | | | |
| 24. | | | in increase or decrease in your expenses wi | | | | |
| | | | u expect to finish paying for your car loan within the yeterms of your mortgage? | ear or do you expect your mortga | ige p | payment to increase | e or decrease because of a |
| | ■ No | | or your mongago: | | | | |
| | | - | Francis have | | | | |
| | ☐ Ye | es. | Explain here: | | | | |

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| Fill in this info | rmation to identify your | case: | | | |
|---------------------------------|----------------------------|---------------------------|------------------------------|--|----------------------|
| Debtor 1 | Melissa A Greenl | berg | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| (Opodae II, IIIIIg) | i list ivallie | | | | |
| United States B | Bankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | | |
| Case number | | | | | |
| (if known) | | | | c | heck if this is an |
| | | | | aı | mended filing |
| | | | | | |
| <u>Declara</u> | tion About a | an Individual | Debtor's Scl | hedules | 12/15 |
| If two married p | people are filing togethe | r, both are equally respo | nsible for supplying corre | ect information. | |
| obtaining mone | | n connection with a bank | | Making a false statement, conce fines up to \$250,000, or impriso | |
| Sig | gn Below | | | | |
| Did you p | ay or agree to pay some | one who is NOT an attor | rney to help you fill out ba | ankruptcy forms? | |
| ■ No | | | | | |
| ☐ Yes. | Name of person | | | Attach Bankruptcy Petitic Declaration, and Signatu | |
| | | | | Declaration, and Signatu | re (Omciai Form 119) |
| Under pen | alty of perjury, I declare | that I have read the sum | ımary and schedules filed | l with this declaration and | |

Signature of Debtor 2

Date

that they are true and correct.

X /s/ Melissa A Greenberg

Melissa A Greenberg Signature of Debtor 1

Date **August 5, 2016**

Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

П

Yes. Fill in the details.

| | Debtor 1 | | Debtor 2 | |
|---|--|---|--|---|
| | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) |
| From January 1 of current year until the date you filed for bankruptcy: | ■ Wages, commissions, bonuses, tips | \$94,291.62 | ☐ Wages, commissions, bonuses, tips | |
| | ☐ Operating a business | | ☐ Operating a business | |

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Case number (if known) Document Debtor 1 Melissa A Greenberg

| | | | | Debtor 1 | | Debtor 2 | | |
|---|--|--|---|--|---|---|----------------------------|---|
| | | | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of ind Check all that a | | Gross income (before deductions and exclusions) |
| For last calendar year: (January 1 to December 31, 2015) | | ■ Wages, commissions, bonuses, tips | \$149,000.00 | ☐ Wages, con bonuses, tips | nmissions, | | | |
| | | | | ☐ Operating a business | | ☐ Operating a | business | |
| Fo (Ja | r the calendary 1 to | dar year befo December 31 | re that: , 2014) | ■ Wages, commissions, bonuses, tips | \$131,538.00 | ☐ Wages, combonuses, tips | nmissions, | |
| | | | | ☐ Operating a business | | ☐ Operating a | business | |
| 5. | Include include and other winnings. List each s | come regardle public benefit If you are filing | ss of wheth payments; g a joint cas e gross inco | e during this year or the two er that income is taxable. Exa pensions; rental income; inter e and you have income that y me from each source separar | amples of other income are a rest; dividends; money collec- you received together, list it of | alimony; child supported from lawsuits; only once under D | royalties; an ebtor 1. | |
| | | | | Debtor 1 | | Debtor 2 | | |
| | | | | Sources of income Describe below. | Gross income from each source (before deductions and exclusions) | Sources of inc Describe below | | Gross income (before deductions and exclusions) |
| Pa | rt 3: List | Certain Payr | nents You | Made Before You Filed for | Bankruptcy | | | |
| 6. | Are either ☐ No. | Neither Deb individual pri | tor 1 nor D marily for a | s debts primarily consumer ebtor 2 has primarily consu personal, family, or househol | umer debts. Consumer debi Id purpose." | | | 1(8) as "incurred by an |
| | | | - | re you filed for bankruptcy, di | d you pay any creditor a tota | il of \$6,425* or mo | re? | |
| | | □ Yes I | paid that cre not include | . ach creditor to whom you pai editor. Do not include paymer payments to an attorney for the on 4/01/19 and every 3 years | nts for domestic support obliq his bankruptcy case. | gations, such as cl | nild support a | and alimony. Also, do |
| | ■ Yes. | | | r both have primarily consure you filed for bankruptcy, di | | ıl of \$600 or more | ? | |
| | | □ No. (| Go to line 7 | | | | | |
| | | ■ Yes I | nclude pay | ach creditor to whom you pai ments for domestic support of this bankruptcy case. | | | | |
| | Creditor' | s Name and A | Address | Dates of payme | ent Total amount | Amount you still owe | Was this | payment for |
| | Hyunda | i | | monthly | \$1,305.00 | \$7,830.00 | ☐ Mortga ☐ Car ☐ Credit (| Card |

☐ Suppliers or vendors

□ Other

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| Cuaditaria Nama and Address | Dates of warment | Total amount | A | Man this manner of Com |
|--|---|---|---|--|
| Creditor's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Was this payment for |
| Scott Reich | varied | \$1,500.00 | \$1,500.00 | ☐ Mortgage ☐ Car ☐ Credit Card ☐ Loan Repayment ☐ Suppliers or vendors ☐ Other Attorney fees (Dissolution) |
| Ross Greenberg | monthly - maintenance | \$2,100.00 | \$17,500.00 | ☐ Mortgage ☐ Car ☐ Credit Card ☐ Loan Repayment ☐ Suppliers or vendors ☐ Other Maintenance |
| JUNE, PRODEHL RENZI & LYNCH, LLC 1861 Black Road Joliet, IL 60435 | 5/12/2016 | \$700.00 | \$608.00 | ☐ Mortgage ☐ Car ☐ Credit Card ☐ Loan Repayment ☐ Suppliers or vendors ☐ Other Attorney's fees for Foreclosure |
| | | | | |
| Within 1 year before you filed for bankrup Insiders include your relatives; any general profession of which you are an officer, director, person is a business you operate as a sole proprietor, alimony. No Yes. List all payments to an insider. | partners; relatives of any gen in control, or owner of 20% o | neral partners; partner or more of their voting | erships of which yo g securities; and a | ou are a general partner; corporation ny managing agent, including one fo |
| Insiders include your relatives; any general pof which you are an officer, director, person is a business you operate as a sole proprietor. alimony. | partners; relatives of any gen in control, or owner of 20% o | neral partners; partner or more of their voting | erships of which yo g securities; and a | ou are a general partner; corporation ny managing agent, including one fo |
| Insiders include your relatives; any general post which you are an officer, director, person is a business you operate as a sole proprietor, alimony. No Yes. List all payments to an insider. | partners; relatives of any gen in control, or owner of 20% o 11 U.S.C. § 101. Include par | neral partners; partner or more of their voting yments for domestic Total amount | erships of which yog g securities; and a support obligation Amount you | u are a general partner; corporation ny managing agent, including one fo s, such as child support and |
| Insider's include your relatives; any general pof which you are an officer, director, person is a business you operate as a sole proprietor, alimony. No Yes. List all payments to an insider. Insider's Name and Address | Dates of payment 4/19/2016 - (See #6 supra) Dates of payment Atcy, did you make any pay beigned by an insider. | neral partners; partners more of their voting yments for domestic Total amount paid \$0.00 | Amount you still owe \$17,500.00 | eu are a general partner; corporation ny managing agent, including one for s, such as child support and Reason for this payment Maintenance 15 D 711 |
| Insiders include your relatives; any general pof which you are an officer, director, person is a business you operate as a sole proprietor. alimony. No Yes. List all payments to an insider. Insider's Name and Address Ross Greenberg Within 1 year before you filed for bankrup insider? Include payments on debts guaranteed or color yes. List all payments to an insider Insider's Name and Address Insider's Name and Address Identify Legal Actions, Repossession Within 1 year before you filed for bankrup List all such matters, including personal injur modifications, and contract disputes. | Dates of payment 4/19/2016 - (See #6 supra) Dates of payment Acc, did you make any pay beigned by an insider. Dates of payment Dates of payment Dates of payment and pay beigned by an insider. | Total amount paid \$0.00 Total amount paid \$0.00 Total amount paid | Amount you still owe Amount you still owe Amount you still owe \$17,500.00 | au are a general partner; corporation my managing agent, including one for s, such as child support and Reason for this payment Maintenance 15 D 711 ccount of a debt that benefited and Reason for this payment Include creditor's name |
| Insider's include your relatives; any general pof which you are an officer, director, person is a business you operate as a sole proprietor. alimony. No Yes. List all payments to an insider. Insider's Name and Address Ross Greenberg Within 1 year before you filed for bankrup insider? Include payments on debts guaranteed or color insider's Name and Address No Yes. List all payments to an insider Insider's Name and Address Insider's Name and Address Identify Legal Actions, Repossession Within 1 year before you filed for bankrup List all such matters, including personal injur modifications, and contract disputes. | Dates of payment 4/19/2016 - (See #6 supra) Dates of payment Acc, did you make any pay beigned by an insider. Dates of payment Dates of payment Dates of payment and pay beigned by an insider. | Total amount paid \$0.00 Total amount paid \$0.00 Total amount paid | Amount you still owe Amount you still owe Amount you still owe \$17,500.00 | au are a general partner; corporation my managing agent, including one for s, such as child support and Reason for this payment Maintenance 15 D 711 ccount of a debt that benefited and Reason for this payment Include creditor's name |

7.

8.

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Case number (if known)

| | Case title | Nature of the case | Court or agency | Status of | the case |
|-----|---|---|---|------------------------------------|--------------------------|
| | Case number U.S. Bank vs. Greenberg 16 CH 0578 | Foreclosure | Twelfth Judicial Circuit, County 14 W. Jefferson Street Joliet, IL 60432 | Will ■ Pendi □ On ap □ Concl | peal |
| | Greenberg vs. Greenberg 15 D 711 | Dissolution | Twelfth Judicial Circuit, County 14 W. Jefferson Street Joliet, IL 60432 | Will □ Pendi □ On ap ■ Concl | peal |
| 10. | Within 1 year before you filed for bankrupto Check all that apply and fill in the details below No. Go to line 11. Yes. Fill in the information below. | | erty repossessed, foreclosed | , garnished, attach | ed, seized, or levied? |
| | Creditor Name and Address | Describe the Property Explain what happene | d | Date | Value of the property |
| | U.S. Bank | 25136 Scott Drive, P | | still pending | \$295,000.00 |
| | | □ Property was reposs■ Property was foreclo□ Property was garnish□ Property was attached | sed. ned. | | |
| 11. | Within 90 days before you filed for bankrup accounts or refuse to make a payment beca No Yes. Fill in the details. | | cluding a bank or financial ins | stitution, set off an | y amounts from your |
| | Creditor Name and Address | Describe the action the | e creditor took | Date action was | Amount |
| | HSBC | 2nd Mortgage (releat Last 4 digits of account | | 02/2016 | \$21,000.00 |
| Par | Within 1 year before you filed for bankrupto court-appointed receiver, a custodian, or an No Yes List Certain Gifts and Contributions Within 2 years before you filed for bankrupton No | nother official? | | | |
| | ☐ Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person | Describe the gifts | · | Dates you gave the gifts | Value |
| | Person to Whom You Gave the Gift and Address: | | | | |

Filed 08/05/16 Entered 08/05/16 13:38:24 Desc Main Case 16-25238 Doc 1 Page 47 of 65 Case number (if known) Document Debtor 1 Melissa A Greenberg 14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? No Yes. Fill in the details for each gift or contribution.

| | □ No ■ Yes. Fill in the details. Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not JUNE, PRODEHL RENZI & LYNCH 1861 Black Road Joliet, IL 60435 jprlaw.net Access Counseling | | Description and value of any property transferred Representation in Chapter 13 Bankruptcy \$3900.00 + \$ 310.00 costs Credit Counseling | Date payment or transfer was made July 28, 2016 | payment |
|-----|---|------------------------|---|--|------------------------------|
| | Yes. Fill in the details. Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not JUNE, PRODEHL RENZI & LYNCH 1861 Black Road Joliet, IL 60435 | | Description and value of any property transferred Representation in Chapter 13 | Date payment or transfer was made | Amount of payment \$1,500.00 |
| | Yes. Fill in the details. Person Who Was Paid Address Email or website address | You | Description and value of any property | Date payment or transfer was | |
| | | | | ed in your bankrupicy. | |
| | □ No | | | ed in your bankrupicy. | |
| | | | | a ili your balikiupicy. | |
| | consulted about seeking bankruptcy o | ruptcy, d r prepari | id you or anyone else acting on your behalf pay ng a bankruptcy petition? 's, or credit counseling agencies for services require | | erty to anyone you |
| | Minor son fell at Walmart | | ent report was made - any claim for r only as no interest of Debtor | 7/2016 | \$0.00 |
| | how the loss occurred | | e the amount that insurance has paid. List pending nce claims on line 33 of <i>Schedule A/B: Property.</i> | loss | lost |
| | Describe the property you lost and | Descr | ibe any insurance coverage for the loss | Date of your | Value of property |
| | □ No■ Yes. Fill in the details. | | | | |
| 15. | Within 1 year before you filed for banks or gambling? | ruptcy or | since you filed for bankruptcy, did you lose any | thing because of the | ft, fire, other disaster |
| Pa | t 6: List Certain Losses | | | | |
| | more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Co | ode) | | contributed | |
| | | total | Describe what you contributed | Dates you | Value |

No

Yes. Fill in the details.

Person Who Was Paid Description and value of any property **Date payment** Amount of or transfer was transferred Address payment made

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Debtor 1 Melissa A Greenberg

| 18. | Within 2 years before you filed for bankrup transferred in the ordinary course of your Include both outright transfers and transfers r | business or financial affa made as security (such as t | iirs? he granting of a sed | | , |
|-----|---|--|--------------------------------------|--|---|
| | include gifts and transfers that you have alrea ■ No □ Yes. Fill in the details. | ady listed on this statement | | | |
| | Person Who Received Transfer Address | Description and v | | Describe any property or payments received or debts paid in exchange | Date transfer was made |
| | Person's relationship to you | | | paid in exchange | |
| 19. | Within 10 years before you filed for bankrubeneficiary? (These are often called asset-p | | y property to a se | lf-settled trust or similar device o | f which you are a |
| | Yes. Fill in the details. | | | | |
| | Name of trust | Description and v | alue of the proper | rty transferred | Date Transfer was made |
| Par | t 8: List of Certain Financial Accounts, I | nstruments, Safe Deposit | Boxes, and Stora | nge Units | |
| 20. | Within 1 year before you filed for bankrupt sold, moved, or transferred? Include checking, savings, money market, houses, pension funds, cooperatives, asset No | tcy, were any financial ac | counts or instrum | ents held in your name, or for yo | |
| | ☐ Yes. Fill in the details. | | | | |
| | Name of Financial Institution and Address (Number, Street, City, State and ZIP Code) | Last 4 digits of account number | Type of account instrument | or Date account was closed, sold, moved, or transferred | Last balance before closing or transfer |
| 21. | Do you now have, or did you have within 1 cash, or other valuables? | I year before you filed for | bankruptcy, any s | safe deposit box or other deposit | ory for securities, |
| | ■ No □ Yes. Fill in the details. | | | | |
| | Name of Financial Institution Address (Number, Street, City, State and ZIP Code) | Who else had acc Address (Number, S State and ZIP Code) | | escribe the contents | Do you still have it? |
| 22. | Have you stored property in a storage unit | t or place other than your | home within 1 yes | ar before you filed for bankruptc | y? |
| | ■ No □ Yes. Fill in the details. | | | | |
| | Name of Storage Facility Address (Number, Street, City, State and ZIP Code) | Who else has or h to it? Address (Number, S State and ZIP Code) | | escribe the contents | Do you still have it? |
| Par | t 9: Identify Property You Hold or Contro | ol for Someone Else | | | |
| 23. | Do you hold or control any property that s for someone. | omeone else owns? Inclu | ude any property y | ou borrowed from, are storing fo | or, or hold in trust |
| | ■ No □ Yes. Fill in the details. | | | | |
| | Owner's Name Address (Number, Street, City, State and ZIP Code) | Where is the prop (Number, Street, City, S Code) | perty? Detate and ZIP | escribe the property | Value |
| Par | t 10: Give Details About Environmental In | formation | | | |

For the purpose of Part 10, the following definitions apply:

Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or

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> toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.

- Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.

| | Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term. | | | | | | | |
|-----|---|--|--|--------------------|--|--|--|--|
| Rep | ort all notices, releases, and proceedings that | you know about, regardless of when | they occurred. | | | | | |
| 24. | Has any governmental unit notified you that y | you may be liable or potentially liable | under or in violation of an environm | ental law? | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | Environmental law, if you know it | Date of notice | | | | |
| 25. | Have you notified any governmental unit of a | ny release of hazardous material? | | | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | Environmental law, if you know it | Date of notice | | | | |
| 26. | Have you been a party in any judicial or admi | nistrative proceeding under any envi | ronmental law? Include settlements | and orders. | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | |
| | Case Title Case Number | Court or agency Name Address (Number, Street, City, State and ZIP Code) | Nature of the case | Status of the case | | | | |
| Par | 111: Give Details About Your Business or C | onnections to Any Business | | | | | | |
| 27. | Within 4 years before you filed for bankruptc | y, did you own a business or have an | y of the following connections to an | y business? | | | | |
| | ☐ A sole proprietor or self-employed in | a trade, profession, or other activity, | either full-time or part-time | | | | | |
| | ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP) | | | | | | | |
| | ☐ A partner in a partnership | | | | | | | |
| | ☐ An officer, director, or managing executive of a corporation | | | | | | | |
| | ☐ An owner of at least 5% of the voting | or equity securities of a corporation | | | | | | |
| | ■ No. None of the above applies. Go to Pa | art 12. | | | | | | |
| | Yes. Check all that apply above and fill in | n the details below for each business | | | | | | |
| | | Describe the nature of the business | Employer Identification number | | | | | |
| | Address (Number, Street, City, State and ZIP Code) | Name of accountant or bookkeeper | Do not include Social Security Dates business existed | number or ITIN. | | | | |
| 28. | Within 2 years before you filed for bankrupto institutions, creditors, or other parties. | y, did you give a financial statement t | o anyone about your business? Incl | ude all financial | | | | |
| | □ No | | | | | | | |
| | Yes. Fill in the details below. | | | | | | | |
| | Name Address (Number, Street, City, State and ZIP Code) | Date Issued | | | | | | |
| | Scott Reich 116 N. Chicago Street Joliet, IL 60432 | 02/2015 | | | | | | |

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| Part 1 | 2: Sign Below | | |
|---------------------|------------------------|--|--|
| are tru with a | ie and correct. I unde | s <i>Statement of Financial Affairs</i> and any attachments, and I declare under penalty of perjury that the answand that making a false statement, concealing property, or obtaining money or property by fraud in connesult in fines up to \$250,000, or imprisonment for up to 20 years, or both. nd 3571. | |
| /s/ M | elissa A Greenberg | | |
| Melissa A Greenberg | | Signature of Debtor 2 | |
| Signa | ture of Debtor 1 | | |
| Date | August 5, 2016 | Date | |
| Did yo | u attach additional pa | es to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? | |
| ■ No | | | |
| ☐ Yes | 3 | | |
| Did yo | u pay or agree to pay | omeone who is not an attorney to help you fill out bankruptcy forms? | |
| ■ No | | | |
| ☐ Yes | Name of Person | Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). | |

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Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation |
|------------|--------------------|
| \$245 | filing fee |
| \$75 | administrative fee |
| + \$15 | trustee surcharge |
| \$335 | total fee |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes:

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$275 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$310 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

8/05/16 1:36PM

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

8/05/16 1:36PN

UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

RIGHTS AND RESPONSIBILITIES AGREEMENT BETWEEN CHAPTER 13 DEBTORS AND THEIR ATTORNEYS

(Court-Approved Retention Agreement, Revised as of 4/20/2015)

Chapter 13 gives debtors important rights, such as the right to keep property that could otherwise be lost through repossession or foreclosure, but Chapter 13 also puts burdens on debtors, such as the burden of making complete and truthful disclosures of their financial situation. It is important for debtors who file a Chapter 13 bankruptcy case to understand their rights and responsibilities in bankruptcy. In this connection, the advice of an attorney is often crucial. Debtors are entitled to certain services from their attorneys, but debtors also have responsibilities to their attorneys. In order to assure that debtors and their attorneys understand their rights and responsibilities in the Chapter 13 process, the judges of the Bankruptcy Court for the Northern District of Illinois have approved this agreement, setting out the rights and responsibilities of both debtors in Chapter 13 and their attorneys, including how their attorneys will be paid for their services in the Chapter 13 case. By signing this agreement, debtors and their attorneys accept these responsibilities.

The Bankruptcy Code may require a debtor's attorney to provide the debtor with certain documents and agreements at the start of the representation. The terms of this court-approved agreement take the place of any conflicting provision in an earlier agreement. This agreement cannot be modified in any way by other agreements. Any provision of another agreement between the debtors and the attorney that conflicts with this agreement is void.

A. BEFORE THE CASE IS FILED

THE DEBTOR AGREES TO:

- 1. Discuss with the attorney the debtor's objectives in filing the case.
- 2. Provide the attorney with full, accurate and timely information, financial and otherwise, including properly documented proof of income.

THE ATTORNEY AGREES TO:

- 1. Personally counsel the debtor regarding the advisability of filing either a Chapter 13 or a Chapter 7 case, discuss both procedures (as well as non-bankruptcy options) with the debtor, and answer the debtor's questions.
- 2. Personally explain to the debtor that the attorney is being engaged to represent the debtor on all matters arising in the case, as required by Local Bankruptcy Rule, and explain how and when the attorney's fees and the trustee's fees are determined and paid.
- 3. Personally review with the debtor and sign the completed petition, plan, statements, and schedules, as well as all amendments thereto, whether filed with the petition or later. (The schedules may be initially prepared with the help of clerical or paralegal staff of the attorney's office, but personal attention of the attorney is required for the review and signing.)
- 4. Timely prepare and file the debtor's petition, plan, statements, and schedules.

6. Advise the debtor of the need to maintain appropriate insurance.

AFTER THE CASE IS FILED В.

THE DEBTOR AGREES TO:

- 1. Make the required payments to the trustee and to whatever creditors are being paid directly, or, if required payments cannot be made, to notify the attorney immediately.
- 2. Appear punctually at the meeting of creditors (also called the "341 meeting") with recent proof of income and a picture identification card. (If the identification card does not include the debtor's social security number, the debtor must also bring to the meeting a social security card.) The debtor must be present in time for check-in and when the case is called for the actual examination.
- 3. Notify the attorney of any change in the debtor's address or telephone number.
- 4. Inform the attorney of any wage garnishments or liens or levies on assets that occur or continue after the filing of the case.
- 5. Contact the attorney immediately if the debtor loses employment, has a significant change in income, or experiences any other significant change in financial situation (such as serious illness, marriage, divorce or separation, lottery winnings, or an inheritance).
- 6. Notify the attorney if the debtor is sued or wishes to file a lawsuit (including divorce.)
- 7. Inform the attorney if any tax refunds to which the debtor is entitled are seized or not received when due from the IRS or Illinois Department of Revenue.
- 8. Contact the attorney before buying, refinancing, or selling real property, and before entering into any loan agreement.
- 9. Supply the attorney with copies of all tax returns filed while the case is pending.

THE ATTORNEY AGREES TO:

- 1. Advise the debtor of the requirement to attend the meeting of creditors, and notify the debtor of the date, time, and place of the meeting.
- 2. Inform the debtor that the debtor must be punctual and, in the case of a joint filing, that both spouses must appear at the same meeting.
- 3. Provide knowledgeable legal representation for the debtor at the meeting of creditors (in time for check-in and the actual examination) and, unless excused by the trustee, for the confirmation hearing.
- 4. If the attorney will be employing another attorney to attend the 341 meeting or any court hearing, personally explain to the debtor in advance, the role and identity of the other

attorney and provide the other attorney with the file in sufficient time to review it and properly represent the debtor.

- 5. Timely submit to the Chapter 13 trustee properly documented proof of income for the debtor, including business reports for self-employed debtors.
- 6. Timely respond to objections to plan confirmation and, where necessary, prepare, file, and serve an amended plan.
- 7. Timely prepare, file, and serve any necessary statements, amended statements, and schedules and any change of address, in accordance with information provided by the debtor.
- 8. Monitor all incoming case information (including, but not limited to, Order Confirming Plan, Notice of Intent to Pay Claims, and 6-month status reports) for accuracy and completeness. Contact the trustee promptly regarding any discrepancies.
- 9. Be available to respond to the debtor's questions throughout the term of the plan.
- 10. Prepare, file, and serve timely modifications to the plan after confirmation, when necessary, including modifications to suspend, lower, or increase plan payments.
- 11. Prepare, file, and serve necessary motions to buy or sell property and to incur debt.
- 12. Object to improper or invalid claims.
- 13. Timely respond to the Chapter 13 trustee's motions to dismiss the case, such as for payment default, or unfeasibility, and to motions to increase the percentage payment to unsecured creditors.
- 14. Timely respond to motions for relief from stay.
- 15. Prepare, file, and serve all appropriate motions to avoid liens.
- 16. Provide any other legal services necessary for the administration of the case.

C. TERMINATION OR CONVERSION OF THE CASE AFTER ENTRY OF AN ORDER APPROVING FEES AND EXPENSES

- 1. Approved fees and expenses paid under the provisions set out below are generally not refundable in the event that the case is dismissed prior to its completion, unless the dismissal is due to a failure by the attorney to comply with the duties set out in this agreement. If such a dismissal is due to a failure by the attorney, the court may order a refund of fees on motion by the debtor.
- 2. If the case is dismissed after approval of the fees and expenses but before payment of all allowed fees and expenses, the order entered by the Bankruptcy Court allowing the fees and expenses is not a judgment against the debtor for the unpaid fees and expenses based on contract law or otherwise.
- 3. If the case is converted to a case under chapter 7 after approval of the fees and expenses under this agreement but before the payment of all fees and expenses, the attorney will be entitled to an administrative claim in the chapter 7 case for any unpaid fees and expenses, pursuant to section

726(b) of the Bankruptcy Code, plus any conversion fee the attorney pays on behalf of the debtor.

D. RETAINERS AND PREVIOUS PAYMENTS

1. The attorney may receive a retainer or other payment before filing the case but may not receive fees directly from the debtor after the filing of the case. Unless the following provision is checked and completed, any retainer received by the attorney will be treated as a security retainer, to be placed in the attorney's client trust account until approval of a fee application by the court.

□The attorney seeks to have the retainer received by the attorney treated as an advance payment retainer, which allows the attorney to take the retainer into income immediately. The attorney hereby provides the following further information and representations:

- (a) The special purpose for the advance payment retainer and why it is advantageous to the debtor is as follows:
- (b) The retainer will not be held in a client trust account and will become property of the attorney upon payment and will be deposited into the attorney's general account;
- (c) The retainer is a flat fee for the services to be rendered during the chapter 13 case and will be applied for such services without the need for the attorney to keep detailed hourly time records for the specific services performed for the debtor;
- (d) Any portion of the retainer that is not earned or required for expenses will be refunded to the client; and
- (e) The attorney is unwilling to represent the debtor without receiving an advanced payment retainer because of the nature of the chapter 13 case, the fact that the great majority of services for such case are performed prior to its filing, and the risks associated with the representation of debtors in bankruptcy cases in general.
- 2. In any application for compensation the attorney must disclose to the court any fees or other compensation paid by the debtor to the attorney for any reason within the one year before the case filing.

E. CONDUCT AND DISCHARGE

- 1. *Improper conduct by the attorney*. If the debtor disputes the sufficiency or quality of the legal services provided or the amount of the fees charged by the attorney, the debtor may file an objection with the court and request a hearing.
- 2. *Improper conduct by the debtor*. If the attorney believes that the debtor is not complying with the debtor's responsibilities under this agreement or is otherwise engaging in improper conduct, the attorney may apply for a court order allowing the attorney to withdraw from the case.
- 3. Discharge of the attorney. The debtor may discharge the attorney at any time.

F. ALLOWANCE AND PAYMENT OF ATTORNEYS' FEES AND EXPENSES

- 1. Any attorney retained to represent a debtor in a Chapter 13 case is responsible for representing the debtor on all matters arising in the case unless otherwise ordered by the court. For all of the services outlined above, the attorney will be paid a flat fee of \$3,900.00
- 2. In addition, the debtor will pay the filing fee required in the case of \$310.00
- 3. Before signing this agreement, the attorney has received, $\$\underline{1,190.00}$ toward the flat fee, leaving a balance due of $\$\underline{2,710.00}$; and $\$\underline{0.00}$ for expenses,

leaving a balance due for the filing fee of $\underline{0.00}$

4. In extraordinary circumstances, such as extended evidentiary hearings or appeals, the attorney may apply to the court for additional compensation for these services. Any such application must be accompanied by an itemization of the services rendered, showing the date, the time expended, and the identity of the attorney performing the services. The debtor must be served with a copy of the application and notified of the right to appear in court to object.

| Date: August 5, 2016 | |
|--|---|
| Signed: | |
| /s/ Melissa A Greenberg | /s/ John C. Renzi - |
| Melissa A Greenberg | John C. Renzi - #03124627 |
| | Attorney for the Debtor(s) |
| Debtor(s) | |
| Do not sign this agreement if the amount | unts are blank. Local Bankruptcy Form 23 |

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B2030 (Form 2030) (12/15)

United States Bankruptcy CourtNorthern District of Illinois

| In r | e Melissa A G | reenb | erg | | Case No. | |
|------|---|--|---|--|---------------------------------------|-------------------------------------|
| | | | | Debtor(s) | Chapter | 13 |
| | D | SCL | OSURE OF COMP | PENSATION OF ATTORN | EY FOR DE | CBTOR(S) |
| 1. | compensation paid | to me | within one year before the f | 016(b), I certify that I am the attorney filing of the petition in bankruptcy, or on of or in connection with the bankru | agreed to be paid | to me, for services rendered or to |
| | For legal serv | ices, I | have agreed to accept | | \$ | 3,900.00 |
| | Prior to the fi | ling of | this statement I have receive | ed | \$ | 1,190.00 |
| | Balance Due | | | | \$ | 2,710.00 |
| 2. | \$ 310.00 of t | he filin | g fee has been paid. | | | |
| 3. | The source of the | compen | nsation paid to me was: | | | |
| | Debtor | | Other (specify): | | | |
| 4. | The source of com | pensati | ion to be paid to me is: | | | |
| | Debtor | | Other (specify): | | | |
| 5. | ■ I have not agree | ed to s | hare the above-disclosed co | ompensation with any other person unl | less they are memb | pers and associates of my law firm. |
| | | | | ensation with a person or persons who names of the people sharing in the co | | |
| 6. | In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including: | | | | | |
| | b. Preparation andc. Representationd. [Other provision All state | d filing of the ons as n d serv | of any petition, schedules, s debtor at the meeting of cre- needed] | endering advice to the debtor in determ statement of affairs and plan which manditors and confirmation hearing, and a Model Retainer Agreement for v | ay be required; any adjourned hear | rings thereof; |
| 7. | Per Mod | lel Ret abilit | tainer Agreement, evide | I fee does not include the following seentiary hearings, appeals are excor additional fees to be paid thro | luded from the | |
| | | | | CERTIFICATION | | |
| this | I certify that the forbankruptcy proceed | | g is a complete statement of | any agreement or arrangement for pa | yment to me for re | epresentation of the debtor(s) in |
| | August 5, 2016 | | | /s/ John C. Renzi - | | |
| _ | Date | | | John C. Renzi - #03 | 124627 | |
| | | | | Signature of Attorney JUNE , PRODEHL , R | ENZI & LYNCH. | LLC - #03124627 |
| | | | | 1861 Black Road | , | |
| | | | | Joliet, IL 60435 (815) 725-8000 Fax | : (815)725-6126 | |
| | | | | Name of law firm | , , | |

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United States Bankruptcy Court Northern District of Illinois

| In re | Melissa A Greenberg | | Case No. | |
|-------|--|---|-----------------|---------------------------|
| | VER | Debtor(s) RIFICATION OF CREDITOR MA | Chapter ATRIX | |
| | | Number of C | Creditors: | 37 |
| | The above-named Debtor(s) h (our) knowledge. | nereby verifies that the list of credito | ors is true and | correct to the best of my |
| Date: | August 5, 2016 | /s/ Melissa A Greenberg Melissa A Greenberg Signature of Debtor | | |

ABC Credit & Recovery Services, Inc Doctor Green Services P.O. Box 3732 Lisle, IL 60532-8722

Adventist Bolingbrook Hospital Department #7505 P.O. Box 1259 Oaks, PA 19456

Adventist Health Partners c/o Creditors Collection P.O. Box 63 Kankakee, IL 60901

Adventist Hinsdale Creditors Collection Bureau P.O. Box 63 Kankakee, IL 60901

Allied Anesthesia c/o Medical Business Bureau 1175 Devin Drive, Suite 173 Muskegon, MI 49441

Avenue/Commenity P.O. Box 182125 Columbus, OH 43218

BMI Surgery - Dr. Lehman c/o Creditors Collection 1890 Silver Cross #A 260 New Lenox, IL 60451

Capital One Bank
P.O. Box 30285
Salt Lake City, UT 84130-0285

Charles Keough Keough & Moody PC 1250 E Diehl Rd. Suite 405 Naperville, IL 60563

Comprehensive Pathology Services 26570 Network Place Chicago, IL 60673

Creditors Discount & Audit West Suburban Womens Health 415 E. Main Street Streator, IL 61364

Creditors Discount & Audit P.O. Box 215 Streator, IL 61364

Creditors Protection P.O. Box 4115 Rockford, IL 61110

Department of the Treasury Internal Revenue Service Cincinnati, OH 45999-0030

Dr. Jill House c/o Collections Professional P.O. Box 416 La Salle, IL 61301

DuPage Medical Group 15921 Collections Center Chicago, IL 60693

Early Intervention Central Billing P.O. Box 3725 Springfield, IL 62708-3725

Edward Hospital c/o Merchants Credit 223 W. Jackson Blvd. Chicago, IL 60606

Edwards Hospital c/o Medical Recovery Specialists P.O. Box 1022 Wixom, MI 48393

Heartland Cardiovascular Creditors Discount 415 E. Main Street Streator, IL 61364 Household Finance Corporation HSBC/Beneficial P.O. Box 1231 Brandon, FL 33509-1231

HSN/Commenity P.O. Box 182125 Columbus, OH 43218

Hyundia Motor Finance P.O. Box 660891 Dallas, TX 75266

Lane Bryant/Commenity P.O. Box 182125 Columbus, OH 43218

Liberty Grove Homeowners Associatio 25251 Liberty Grove Blvd. Plainfield, IL 60544

Merchants Credit Guide 223 W. Jackson Blvd. Suite 410 Chicago, IL 60606-6908

Mid American Psychological Collections Professionals P.O. Box 416 La Salle, IL 61301-0416

Nationwide Credit 815 Commerce Drive Suite 270 Oak Brook, IL 60523

Physicians Immediate Care Chicago P.O. Box 544 Dept. 5390 Milwaukee, WI 53201-0544

Ross Greenberg 1075 Preserve Avenue Unit 110 Naperville, IL Saranto Calamas 640 Belle Terre Road Bldg D Port Jefferson, NY 11777

Scott Reich 116 N. Chicago Street Joliet, IL 60432

Silver Cross c/o Vision Financial P.O. Box 1768 La Porte, IN 46352-1768

Starwood Resorts The Western Ka'anapali Ocean Resort 6 Kai Ala Drive Lahaina, HI 96761

Wells Fargo c/o Anselmo, Lindstrom Oliver LLC 1771 W. Diehl Road Suite 120 Naperville, IL 60563

Will County Circuit Court c/o Harris & Harris P.O. Box 5598 Chicago, IL 60680

Woman Within/Commenity P.O. Box 182125 Columbus, OH 43218